

Appendix 12
Montana Paleontological Information System Form
Form No.1 General Information

1.1 Smithsonian Number:

1.2 Original Site Number/Name:

1.3 County:

➤ **1.4 Township/range/section/Quarter Section:**

1.5 UTM Coordinates: Zone Northing Easting

1.6. Administrative/Surface ownership (Forest/Ranger/District/Office):

1.7 Map Reference (attach 8-1/2"x 11"USGS photocopy):

1.8 Narrative of access including nearest city/town:

➤ **1.9 Geologic Time Period (Circle One):**

Precambrian(m) Cambrian(n) Ordovician(o) Silurian (p)
Devonian(q) Miss/Penn (r) Permian(s) Triassic(t) Jurassic(u) Cretaceous(v) Tertiary(w)
Quaternary(x)

➤ **1.10 Dominant Taxa (Circle up to four):**

Dinosaur(R1) Mammal(R2) Fish(R3) Reptile(R4) Bird(R5)
Amphibian(R6) Invertebrate(R7) Organic(R8) Trace Fossil(R9)

➤ **1.9 Depositional Environment (Circle One):**

Terrestrial(15) Marine(16) Transitional(17)

**MONTANA PALEONTOLOGICAL INFORMATION SYSTEM FORM
Form No. 2 Stratigraphy and Site History**

Site No. _____

2.1 Geologic Time Period:

Era _____ Period _____

Epoch _____ Age _____

2.2 Stratigraphic Unit:

Group _____ Formation _____

Member _____ Bed _____

2.3 Lithology of Fossil-bearing unit(s):

Limestone Chert Conglomerate Sandstone Siltstone

Mudstone Claystone Shale Bentonite/Volcanic Ash

_____ Other

2.4 If previously excavated, record quarry size & years of excavation, (i.e.1949,1999)

2.5 Attach quarry map(s) if available.

2.6 Publication(s) Report(s) where site is described:

2.7 Repository for specimens, field notes, quarry maps & photos:

MONTANA PALEONTOLOGICAL INFORMATION SYSTEM FORM
Form No. 3 Assessment, Recordation and Management Information

Site No. _____

3.1 Surface visibility/season of survey:

3.2 Fossil material observed, collected(specimen number,element, taxa, etc.)

3.3 Federal or State Permit Number:

3.4 Site Dimensions:

Estimated=_____ Measured=_____

3.5 Condition/Integrity:

3.6 Evaluation Recommendation: Does this property meet National Register criteria for eligibility?

_____ Yes _____ No Evaluation procedures/justification:

3.7 Possible impacts to site:

3.8 Recommendations:

3:9: Site located by: Date:_____

3:10 Site recorded by: Date:_____

3:11 Site form update and revisions by: Date:_____

3:12 FOR OFFICE USE ONLY-Management Data:

Formal Determination Eligibility

_____undetermined Date:_____

_____formally determined
ineligible for NRHP Date:_____

_____formal consensus determination,
eligible for NRHP Date:_____

_____listed on NRHP Date:_____

Updated Management Information_____Date:_____